EMERGENCY HOME REPAIR PROGRAM

APPLICATION

Mail/return to Area Agency on Aging 3 200 East High St, 2nd Floor. Lima Ohio 45801, Attn: Jeff

Name:	**Household Income (Current years documentation must be submitted with the application, Incomplete / missing information will delay application process)**
Address:	**Own Home:**
City: **County:**	**Current on Taxes: (Documentation must be submitted with the application, Incomplete / missing information will delay application process)**
Phone: ( )	**Referred By:**
Date of Birth: **Age:**	**Township:**
Sex: Male /Female	**Emergency Contact:**
Race: **Handicapped: Y / N**	**Phone: ( )**
Number of Occupants:	**Date Referral sent/faxed in:**

I affirm the above information is correct to the best of my knowledge. Submission of application does not guarantee application approval.

Consumer Signature: _____ Referral Signature: _____

PRE-ASSESSMENT

DESCRIPTION OF WORK

For AAA 3 Area Agency on Aging Use Only
[ ] Approved [ ] Disapproved
Reviewed By: Date: